



May 9, 2025

Russell T. Vought
Director, Office of Management and Budget
Attn: Office of Information and Regulatory Affairs (OIRA)
1725 17th Street, NW
Washington, DC 20503

RE: Response to Request for Information: Deregulation ([Federal Register Docket No. 2025-06316](#))

Dear Mr. Vought,

On behalf of the Home Care Association of America (HCAOA), I appreciate the opportunity to submit comments in response to the Office of Management and Budget's (OMB) Request for Information on Opportunities for Deregulatory Actions. As the nation's leading trade association representing home care providers, HCAOA advocates on behalf of thousands of agencies delivering vital medical and non-medical care and support to older Americans and individuals with disabilities in their homes.

In keeping with the administration's efforts to modernize regulatory approaches and reduce unnecessary burdens, HCAOA urges the Trump Administration to reject or rescind any current or forthcoming mandates that require individual home care aides or personal care attendants to obtain or submit a National Provider Identifier (NPI) number as part of Electronic Visit Verification (EVV) or Medicaid billing processes. Such mandates represent superfluous administrative hurdles, conflict with existing provider enrollment structures, and threaten access to care without improving oversight.

Background: NPI and EVV

[Section 12006\(a\) of the 21st Century Cures Act](#) mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver. While the law mandates visit verification elements (e.g., type of service, time, location), it *does not require* the use of an NPI number for individual caregivers. However, in implementing EVV, some states have independently chosen to mandate that NPIs be attached to individual caregivers within each EVV record, a policy step that is both unnecessary and deeply problematic.

Why Mandating NPIs for Home Care Aides Is Harmful and Misguided

1. Contrary to Provider Role and Federal Intent

Home care aides, who provide non-medical support with activities of daily living (e.g., bathing, dressing, meal preparation), are not independent providers under Medicaid. They work under the



auspices of licensed or certified home care agencies, which are the actual Medicaid-enrolled entities and already have organizational NPIs. Requiring individual aides to obtain NPIs mischaracterizes their employment role and shifts federal administrative burdens downward without justification.

2. Administrative and Logistical Burden

Most caregivers are entry-level, hourly wage workers, many of whom lack regular access to digital tools. The NPI application process requires computer literacy, a Social Security number, and the ability to navigate CMS systems, all barriers in a workforce already experiencing record-high turnover. Agencies must now allocate time and staffing resources to assist aides in applying for NPIs, track those numbers, and ensure they are properly formatted in EVV or claims systems. This adds no value to the delivery or oversight of care but consumes critical time and resources.

3. Increased Claim Denials and Data Errors

Requiring NPIs at the individual level opens the door to claim denials, delays, or EVV rejections when NPI entries do not exactly match Medicaid records or when caregiver data is entered incorrectly. This poses a significant threat to small and mid-sized agencies operating on thin margins. Importantly, the risk of erroneous denials increases caregiver frustration and decreases agency confidence in EVV systems, which only serves to undermine the very compliance and integrity goals EVV was designed to strengthen.

4. Chilling Effect on Workforce Participation

Mandating that caregivers obtain NPIs may discourage new entrants into the home care workforce, especially among immigrants, part-time workers, and those who may be uncomfortable sharing sensitive personal data with federal databases. In a labor market already facing severe caregiver shortages, policies that erect new bureaucratic hurdles have the unintended effect of making it harder to recruit and retain workers, especially in underserved rural or high-need communities.

A Better Path Forward

The EVV statute requires accurate verification of visits, not federal licensure of caregivers. States and the federal government already have the tools they need to ensure provider accountability and payment integrity through agency-level NPIs and Medicaid provider enrollment. Rather than shifting burdens to low-wage frontline workers, OMB should encourage the Centers for Medicare & Medicaid Services (CMS) and state Medicaid programs to:

- Clarify that caregiver-level NPIs are not federally required.
- Allow states to use alternative unique identifiers for caregivers that do not require formal NPI enrollment.
- Incentivize simplicity, interoperability, and user-centered design in EVV systems to promote compliance and reduce burdens.



Conclusion

Requiring NPI numbers for home care aides is a classic example of a well-intentioned policy that produces disproportionate and unintended regulatory burdens without yielding meaningful benefits. HCAOA urges the Office of Management and Budget to recommend that CMS prohibit state Medicaid agencies from mandating individual NPIs for non-medical home care workers. This deregulatory action would significantly reduce red tape, enhance access to care, and support the sustainability of a critical component of the long-term care infrastructure.

We thank you for considering this recommendation and stand ready to provide additional data, case studies, or provider feedback as needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Lee".

Jason Lee, CEO
Home Care Association of America